

KATHY DAHLKEMPER
COUNTY EXECUTIVE

1-800-352-0026

COUNTY OF ERIE
Bureau of Assessment
Erie County Court House
140 West Sixth Street - Room 104
Erie, Pennsylvania 16501-1097
814-451-6225

SCOTT A. MAAS, CPE
DIRECTOR OF
ASSESSMENT

FAX: 814-451-6094

Manufactured / Mobile Home Change of Ownership Form

Please Note: This form MUST be notarized! *Seller & Buyer must be present at Notary. If the Seller is not present, the Buyer must provide proof of ownership. (Bill of Sale/Title /MV-4ST). *Seller may provide proof of transfer of the title to be removed from the tax bill (Form MV-4ST).

Parcel ID being transferred: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ Date Sold: _____

Seller's Name: _____ Buyer's Name: _____

Year: _____ Make / Model: _____ VIN #: _____ HUD #: _____

Is this home being moved to a new location? Yes / No If yes, what is the new address? _____

If you answered yes, please attach a copy of the Mobile Home Removal Permit that must be issued by the Tax Collector. If you do not have a copy of the Removal Permit, the ownership change will not be processed through the Assessment Office.

If you answered no, are there any taxes, current or delinquent due? Yes / No Any taxes due, stay with the home. Not the previous owner.

Address all tax bills and information should be sent to : _____

Signature: _____ Date: _____ Signature: _____ Date: _____
Please circle one Buyer or Seller Please circle one Buyer or Seller

Signature: _____ Date: _____ Signature: _____ Date: _____
Please circle one Buyer or Seller Please circle one Buyer or Seller

Commonwealth of Pennsylvania, County of Erie

On this, the _____ day of _____, 20 _____,
before me, a Notary Public, the undersigning officer, personally appeared

Known to me (or satisfactorily proven) to be the person(s) whose name(s)
is / are subscribed to the within instrument, and acknowledged that
(s)he executed the same for the purposed therein contained.

In witness whereof, I hereunto set my hand and official seals.

Notary Public